

Attorney or Party Name, Address, Phone & Fax Nos., State Bar No. & Email NEXUS BANKRUPTCY Benjamin Heston (297798) 100 Bayview Circle #100 Newport Beach, CA 92660 Tel: 951.290.2827 Fax: 949.288.2054 ben@nexusbk.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	
United States Bankruptcy Court Central District of California - Santa Ana Division	
In re: Usmaan Mela	CASE NO.: 8:22-bk-12033-TA CHAPTER: Chapter 7
DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]	
Debtor(s).	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- I was not paid by an employer because I was either self-employed only, or not employed.

Date: 12/14/2022

Usmaan Mela

Printed name of Debtor 1

Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- I was not paid by an employer because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

USMAAN A MELA
3 BROADLEAF
IRVINE CA 92612

NON-NEGOTIABLE

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PERSONAL AND CHECK INFORMATION		EARNINGS	BASIS OF DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
			PAY				
Usmaan A Mela			Salary		6043.08	16.00	41235.42
3 BROADLEAF			Holiday			M8.00	
IRVINE, CA 92612			Sick			<u>M16.00</u>	
Soc Sec #: xxx-xx-xxxx	Employee ID: 342		Total Hours			40.00	
Home Department: 3 TECHNICAL			Gross Earnings		6043.08		41235.42
Pay Period: 11/02/22 to 11/15/22			Total Hrs Worked				
Check Date: 11/18/22	Check #: 308	WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)		YTD (\$)
NET PAY ALLOCATIONS			Social Security		374.67		2556.60
			Medicare		87.62		597.91
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	Fed Income Tax	H	976.49		6683.42
Check Amount	0.00	0.00	CA Income Tax	SMI2 0 1	467.02		3101.08
Chkg 772	0.00	4316.02	CA Disability		66.47		453.58
Chkg 394	<u>4070.81</u>	<u>23526.81</u>					
NET PAY	4070.81	27842.83	TOTAL		1972.27		13392.59
TIME OFF (Based on Policy Year)							
DESCRIPTION	AVAILBAL						
Sick	16.00 hrs						
DESCRIPTION	AVAILBAL						
Vacation	21.54 hrs						
NET PAY			THIS PERIOD (\$)				YTD (\$)
			4070.81				27842.83